

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
13	1		1			
14	1		1			
15	1		1			
16		3		3		
17		3		3		
18		3		3		
19		3		3		
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25		3		3		
26		3		3		
27		3		3		
28		3		3		
29		3		3		
30		3		3		
31	1		1			
32	1		1			
33	1		1			
34	1	3	1	3		
35	1	3	1	3		
36	1	3	1	3		
37	1	3	1	3		
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43	1	3	1	3		
44	1	3	1	3		
45	1	3	1	3		
46	1	3	1	3		
47	1	3	1	3		
48	1	3	1	3		
49	1	3	1	3		
50	1	3	1	3		
TOTAL IND.	14		14			
TOTAL DEP.		141		141		
TOTAL CLAIMS	14	141	14	141		

  

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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59	1							
60	1							
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS